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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE	
DATES	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR						May 24 t	Second Semeste to County Superir to State Superinte	ntendent ndent	
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR	SCH	OOL BUS TRA	NSPORTATION	•
This claim is for the period beginning, 20				20 a	and end	ding	,	20		
			1	nonth	day			r	month d	ay
CERTIF	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.				
Date			Signature, Chair, Board of Trustees							
County:			District:						District Le	evel:
37 Pond	era		0670 Heart Butte Elem						Elemen	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	city	Inspection	Days Operated	Bus Driver's Social Security #
66	1	3		48	1.80	84		08/18/04		
100	1	4		21	0.95	9		08/18/04		
75	1	5		20	0.95	9		08/18/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
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DUE	
DATES	

		114, 1111 00020 2					
	February 1	to County Super			•	• •	ntendent
ETE TH	IS CLAIM FO	R STATE REIM	IBURSEMEN	T FOR SO	CHOOL BUS TR	RANSPORTATION	•
This claim is for the period beginning , 20					ending	,	20
		month	day			month d	ay
ICATIO	N:						
mation on	this form is comp	ete and accurate to	the best of my kn	owledge.			
		Signature, Chair, Boa	ard of Trustees				
nty: District:						District Le	evel:
era		0674 Conrad	Elem			Elemen	ntary
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
10	2-george	88	1.36	66	07/23/04		
10	2-Joel	130.6	1.36	66	07/23/04		
10	6-Bonnie	72.2	0.95	48	07/23/04		
10	6-Ray	67	1.36	66	07/23/04		
10	8-Kevin	81.4	0.95	48	07/23/04		
	ETE THO In is for the ICATIO Imation on Pera District # 10 10 10 10	February 1 february 1 february 1 february 1 february 1 february 1 february 15 ETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is complete a february 1 feb	First Semester February 1 to County Super February 15 to State Superin ETE THIS CLAIM FOR STATE REIM In is for the period beginning month ICATION: The period beginning month ICATION: District: Pera District: Route # Route # Per Day 10 2-george 88 10 2-Joel 130.6 10 6-Bonnie 72.2 10 6-Ray 67	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent February 10	First Semester February 1 to County Superintendent May 16 February 15 to State Superintendent May 2 February 15 to State Superintendent May 16 February 16 February 16 February 17 February 17 February 18 F	First Semester Second Semester May 10 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 10 to County Superintendent May 10 to Call Superintend

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 37 Pondera 0675 Conrad H S **High School** Rate District Route Miles Days **Bus Driver's** Percentage Per Mile Operated Social Security # Per Day Capacity Inspection 40 10 2-george 88 1.36 66 07/23/04 40 10 2-Joel 130.6 1.36 66 07/23/04 40 10 6-Bonnie 72.2 0.95 48 07/23/04 40 10 1.36 07/23/04 6-Ray 67 66 7-Wes 21 100 10 8 0.95 07/23/04 40 10 8-Kevin 81.4 0.95 48 07/23/04

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent					•	Second Semester o County Superint o State Superinter	tendent
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:	
This clain	n is for the	period beginning	;		,	20 and e	and ending, 20		
			r	nonth	day		n	onth da	y
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kno	owledge.			
Date			Signatur	re, Chair, Board	d of Trustees				
County: District:						District Lev	vel:		
37 Pond	ondera 0679 Valier Elem						Elemen	tary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	18	2		98.6	0.95	48	None		
50	18	3		105	1.36	60	08/10/04		
50	18	5		91.2	1.15	54	08/25/04		
50	18	5A		36.6	0.50	54	08/25/04		
50	18	6		81.3	0.95	48	08/10/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		,					
	First Semester February 1 to County Superintendent February 15 to State Superintendent						tendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					HOOL BUS TRA	NSPORTATION:	
n is for the	period beginning		,	20 and e	nding	,2	20
		month	day		n	onth da	y
ICATIO	N:						
mation on	this form is comp	lete and accurate to	the best of my kn	owledge.			
Date Signature, Chair, Board of Trustees							
County: District:						District Lev	vel:
era		0680 Valier l	H S		High School		
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
18	3	105	1.36	60	08/10/04		
18	5	91.2	1.15	54	08/25/04		
18	5A	36.6	0.50	54	08/25/04		
18	6	81.3	0.95	48	08/10/04		
	ETE TH. In is for the ICATIO mation on Era District # 18 18 18	February 1 February 15 February 15 ETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp Property of the period beginning ICATION: mation on this form is comp Route # 18 3 18 5 18 5 18 5 5 18	February 1 to County Super February 15 to State Superin ETE THIS CLAIM FOR STATE REIM month ICATION: mation on this form is complete and accurate to Signature, Chair, Bo District: Pera District Route # Miles Per Day 18 3 105 18 5 91.2 18 5A 36.6	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCH In is for the period beginning	February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRATE IN State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRATE IN STATE REIMBURSEMENT FOR SCHOOL BUS TRATE IN STATE IN SCHOOL BUS TRATE IN STATE IN SCHOOL BUS TRATE IN SCHOOL	February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent

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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 37 Pondera 0682 Brady K-12 Schools **High School** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Operated Social Security # # Inspection 100 19 1 115 0.95 48 07/27/04 100 19 1Non 36 0.50 48 07/27/04 100 19 2 84 0.95 36 07/27/04

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School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THIS	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION:		
This clair	n is for the p	period beginning	g		,	20 and en	ding	,	20	
			n	nonth	day		me	onth da	ny	
CERTIF	ICATION	:								
The infor	mation on t	his form is comp	plete and a	accurate to th	e best of my kn	owledge.				
Date	Signature, Chair, Board of Trustees									
County: District:						District Level:				
37 Pondera			1226 Heart Butte H S					High School		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
34	1	3	ĺ	48	1.80	84	08/18/04			
J-T				20	0.95	9	08/18/04			